

## **WILSON APPLICATION COLLEGE INTERN PROGRAM**

**Name:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security #:** \_\_\_\_\_

**College or University you attend:** \_\_\_\_\_

**Year in School: (Must have completed freshman year):** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**PARENTS/GUARDIANS Name/Address/Phone (home, work, cell)**

\_\_\_\_\_

\_\_\_\_\_

**Occupational experience – Present to Previous:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Extra-Curricular Activities:**

\_\_\_\_\_

\_\_\_\_\_

**Honors, Scholarships, Fellowships:**

\_\_\_\_\_

\_\_\_\_\_

**Letters of Recommendation: Name, Address, Phone**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**How did you learn about Congressman Wilson's internship program?**

\_\_\_\_\_

**Please explain why you desire to be appointed as an Intern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Give a brief biographical sketch:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE**

*Please fax or mail the completed form to the appropriate office. Thank you!*

**Washington, D.C. Office**  
**Congressman Joe Wilson**  
**C/O Elliott Fraser**  
**212 Cannon House Office Building**  
**Washington, DC 20515**  
**Fax: 202-225-2455**

**Midlands Office**  
**Congressman Joe Wilson**  
**C/O Millie Powell**  
**1700 Sunset Blvd, Suite 1**  
**West Columbia, SC 29619**  
**Fax: 803-939-0078**

**Lowcountry Office**  
**Congressman Joe Wilson**  
**C/O Cris Steele**  
**903 Port Republic Street**  
**Beaufort 29902 Fax: (843) 521-2535**